

Revision: HCFA-Region VII  
AUGUST 1990

ATTACHMENT 3.1-B  
Page 8a

STATE Nebraska

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

☒ Provided ☒ No Limitations ☐ With Limitations\*

\*Description provided on attachment.

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TN No. MS-91-2 Approval Date 02/26/91 Effective Date 01/01/91  
Supersedes  
TN No. (new page)

State/Territory: Nebraska

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All categories

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

     Provided      Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided:      State Approved (Not Physician) Service Plan Allowed

     Services Outside the Home Also Allowed

X Limitations Described on Attachment

     Not provided.

Revision: HCFA-AT-81-37(B)

State Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All covered groups

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The limitations to services listed in Attachment 3.1-B are the same as the limitations for services listed in Attachment 3.1-A.

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Transmittal # MS-86-25

Supersedes

Approved

1/07/87

Effective

10/1/86

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